

Outpatient Brain Injury Rehabilitation Program (OBIRP)
Physical Medicine and Rehabilitation (PM&R)
Minneapolis VA Health Care System (MVAHCS)

Introduction

PROGRAM OVERVIEW

The MVAHCS PM&R OBIRP is post-acute, outpatient, interdisciplinary rehabilitation program for survivors of brain injury with or without other injury or illness.

OBIRP services are provided by licensed and credentialed rehabilitation professionals (**Table 1.**) The interdisciplinary rehabilitation team includes the person served and his/her support circle, service providers in Table 1 and hospital consultant as needed, and external stakeholders as appropriate. Programming is designed to pursue goals defined by persons served.

The OBIRP is part of the PM&R Brain Injury (BI) rehabilitation continuum in partnership with the BI specialty programs in our Comprehensive, Integrated, Inpatient Program (CIIRP) and in our Polytrauma Transitional Rehabilitation Residential Program (PTRP.) In addition, the OBIRP holds a position in the national VHA Polytrauma/TBI System of Care and serves as the VISN 23 Polytrauma Network Site. More information can be found at <http://minneapolis.va.gov/services/pmr/>.

The OBIRP is accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF) for Outpatient Medical Rehabilitation and BI specialty programming. The current OBIRP CARF accreditation term runs through May 2015.

PURPOSE OF THIS DOCUMENT

This document provides a description of MVAHCS PM&R OBIRP. The current version was written in early 2014 and is based on 2013 CARF Medical Rehabilitation standards.

ADDITIONAL INFORMATION

More information about MVAHCS PM&R programming, including the OBIRP can be found at the “Programs and Services” page of the Minneapolis URL listed above. This includes the most recent “Year in Review” pdf that provides participant demographics and program outcomes. Specific questions can be directed to tamara.paulson@va.gov.

Chaplaincy	Recreation Therapy
Low Vision Rehabilitation	*Rehabilitation Engineering
Internist/Hospitalist	Rehabilitation Nursing
Neuropsychology	Rehabilitation Psychology
Nutrition/Dietetic services	Social Work
*Occupational Therapy (includes Driving assessment and training)	*Speech-Language Pathology
Pharmacy, including PharmD onsite consultation	Vocational Rehabilitation and counseling
*Physiatry (M.D. or D.O.)	Other Consultative Services (e.g. Audiology, ENT, Orthopedics, Neurology, Neurosurgery, Ophthalmology and Neuro-ophthalmology, Plastic Surgery, etc.)
*Physical Therapy	
Prosthetics/Orthotics	
Psychiatry (M.D.)	

Table 1: Interdisciplinary team members and array of services provided. Team participants are either direct members of PM&R (*) or are involved via service agreements and/or the intra-facility consult system.

Parameters

Characteristics of populations served	Male and female, Veteran and Active Duty Service Members (ADSM) who have sustained brain injury with or without co-morbid injury/illness.
Settings	Services are provided in PM&R clinic areas, throughout the hospital campus, or in the community.
Days and Hours of Service	Services are provided M-F during normal business hours. 24/7 on-call emergency case management coverage is available.
Frequency of services	Scheduling is negotiated to maximize person centered planning.
Payer sources	Veterans are covered through the VHA Service Connection system. ADSM's are covered through VHA service agreements.
Fees	Co-payments for hospital services are calculated per individual Means Testing and Service Connection.
Referral Sources	See "Criteria and Process Descriptions" below.
Specific services offered	All necessary therapeutic and medical services are provided or coordinated.

Table 2: Scope of service parameters for the OBIRP

Age	Young Adult to Geriatric.
Activity limitations	Client limitations range from complete physical and/or cognitive dependence to complete independence.
Behavioral and/or psychological status	Clients who pose a danger to themselves or others are connected to other services.
Cultural needs	Treatment plans support cultural, religious, gender, age, and interest differences.
Impairments	Changes in body structures or functions can include brain injury, limb loss, spinal cord injury or disease, hearing loss, vision loss, and/or complex orthopedic injuries.
Intended discharge/transition environments	Targeted discharge is to an environment that supports the greatest degree of independence and social participation possible.
Medical acuity	Potential clients with acute medical concerns are directed to necessary services within the facility.
Medical stability	Clients must be medically stable to participate in outpatient programming.
Participation restrictions	Clients' engagement in their home communities can vary widely. Some are fully independent while others need some degree of help to address their restrictions.

Table 3: Participant parameters for the OBIRP

Criteria and Process Descriptions

REASONS FOR REFERRAL

1. Comprehensive, interdisciplinary rehabilitation evaluation and treatment after brain injury.
2. Need for aid in adapting to residual loss of independence after brain injury, including caregiver training and education.

REFERRAL SOURCES AND POINTS OF ENTRY

1. Referrals for admission to the OBIRP are accepted from:
 - a. Within MVAHCS
 - b. From other VHA facilities.
 - c. From hospitals and facilities outside of VHA (e.g. private sector facilities.)
 - d. Department of Defense (DoD.)
 - e. From other sources (e.g. advocacy organizations, etc.)
2. Referrals may be triggered by Nexus clinic positive TBI screening results via VHA Directive 20101-012.

ADMISSION CRITERIA

1. History of acquired brain injury with subsequent interdisciplinary rehabilitation goals.
2. Ability to successfully participate in interdisciplinary, outpatient rehabilitation services with the potential for successful outcomes.
3. Absence of behaviors posing immediate safety threat to self or others.

ADMISSION PROCESS

1. Medical Provider Evaluation: The evaluation is a comprehensive assessment for brain injury and related rehabilitation needs.
2. The patient's profile and goals are discussed in a subsequent interdisciplinary rounds meeting and the patient is either admitted to OBIRP or other care is arranged.

INTERVENTION AND/OR TREATMENT PROCESS

1. Discipline-specific evaluations are carried out per each discipline's scope of practice. These evaluations trigger discipline-specific goals as well as contribute information to team-based, interdisciplinary goals.
2. Progress in treatment is reviewed regularly in team rounds. Goals are modified as appropriate over the course of treatment.
3. Documentation:
 - a. Discipline-specific evaluation and progress reports are written by all involved clinicians.
 - b. *TBI/Polytrauma Rehabilitation Reintegration Plan of Care (RRPOC)*: This central document is collectively written by the team and includes the interdisciplinary goals that are pursued over the course of enrollment. An *Initial RRPOC* is written for all enrollees. Depending on the length of enrollment, one or more *Interim RPOC*'s are also written.
4. Outcomes: In addition to patient success in reaching discipline-specific goals, interdisciplinary progress is measured via:
 - a. *Mayo-Portland Adaptability Inventory 4 (MPAI-4)*¹ Part C ("Participation") at admission and discharge.
 - b. *Behavior Rating Inventory of Executive Functioning – Adult (Brief-A)*² at admission and discharge.
5. Participant satisfaction is measured via Outpatient Satisfaction Survey completed at discharge.

¹ Malec and Lezak, 2003.

² Roth et al, 2006

DISCHARGE PROCESS

1. Participants are discharged from the OBIRP when:
 - a. Interdisciplinary goals are met
 - b. The client is no longer making progress toward their identified goals.
2. Documentation:
 - a. Discipline-specific Discharge reports
 - b. *Discharge RRPOC*.

Performance Measurement and Management System

MVAHCS OBIRP performance is managed by measuring patient outcomes and regular reviews of general programming issues.

Client outcomes are discussed in weekly rounds via the metrics discussed above. The timeframe for using these metrics is outlined in Table 4. General programming status reviews, performance improvement projects, and pertinent discussions are held in monthly meetings of the OBIRP Rehab Standards work group.

	<i>Initial</i>	<i>Discharge</i>
Interdisciplinary Rehab and Reintegration Care Plan	X	X
MPAI- Part C	X	X
Goals Development	X	
Goal Review		X
Brief A	X	X
Satisfaction		X
Demographics	X	X

Table 4: Measurement points across length of enrollment for demographics, intervention outcomes, and satisfaction

Important program developments are shared with PM&R leadership through the weekly PM&R Huddle and with MVAHCS Executive Leadership through monthly Front Office Focused Briefings. OBIRP leaders are in regular conversation with leadership of the MVAHCS Extended Care and Rehabilitation Patient Service Line (EC&R PSL), Veterans Integrated Service Network 23 (VISN), and VHA Polytrauma and PM&R Central Office.

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